

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001033

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

119

Primary Registration District No.

5443

Registrar's No.

5

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED FEB 14 1963

1. PLACE OF DEATH

a. COUNTY

Gasconade

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

Roark Twp.

Length of stay in 1b

20 Yrs.

c. CITY

OR  
TOWN

Roark Twp.

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

Hermann R#1

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

Hermann R#1

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Marie

Emma

Bresler

4. DATE

OF  
DEATH

Month

Day

Year

Jan. 25. 1963

5. SEX

Female

6. COLOR OR RACE

Cau.

7. Married ☒

Widowed ☐

Never Married ☐

Divorced ☐

8. DATE OF BIRTH

12-2-1905

9. AGE (last birthday)

57

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Edwin Schoenle

13b. MOTHER'S MAIDEN NAME

Anntionette Stein

14. NAME OF HUSBAND OR WIFE

Samuel Bresler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Samuel Bresler--R#1 Hermann, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Drowning

INTERVAL BETWEEN

ONSET AND DEATH

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b) Falling thru open cistern top into

DUE TO (c) Cistern-located on porch of Home

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Drawing water by bucket & rope from

cistern

20c. TIME OF

INJURY

Hour

Month, Day, Year

about 10:30

a.m.

1

25

1963

20d. INJURY OCCURRED

WHILE AT WORK ☒

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

Farm Home

20f. CITY, TOWN, OR LOCATION

RFD Hermann

COUNTY

Gasconade

STATE

Mo

21. I attended the deceased from

to

and last saw her alive on

Death occurred at about 10:30 A. M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Coroner

22b. ADDRESS

Hermann,

Missouri

22c. DATE SIGNED

1/25/63

23a. BURIAL, CREMATION,

REMOVAL (Specify)

Burial

23b. DATE

1-28-1963

23c. NAME OF CEMETERY OR CREMATORY

Oak Haven Memorial Garden

23d. LOCATION (City, town, or county)

Hermann, Missouri RFD

24. FUNERAL DIRECTOR

ADDRESS

Herman Blumer, Inc. Hermann, Mo.

25. DATE RECD. BY LOCAL REG.

1-27-63

26. REGISTRAR'S SIGNATURE

Delma Uffelma

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300

Rev. 4/59

10370

2370

3

4 1

5 1

6

7 0

8 2

99290

10 3

11037

1290-3

131-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Roger W. Blum*

Licensed Embalmer No.

*5055*

P. O. Address

*Stemann, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.